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Article

Disability in Higher Education: Explanations and Legitimisation from Teachers at Leipzig University

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Abstract
In 2009, Germany ratified the UN Convention on the Rights of Persons with Disabilities (UN-CRPD) and committed itself to allow for "the full and effective participation [of people with disabilities] in society" (United Nations, 2006, §3), especially in education (United Nations, 2016, §24). The present article addresses the necessary follow-up question: which patterns of perception university teachers have of students with disabilities? A first project-based qualitative analysis of data from the EU-project "European Action on Disability within Higher Education" has been conducted on the grounds that disability can be described as a constructed sociocultural phenomenon (Tremain, 2005), showing that heterogenous concepts of disability can be reconstructed from the interviews (Aust, Trommler, & Drinck, 2015). In an adaptation of theoretical sampling according to Grounded Theory (Glaser & Strauss, 2010), interviews with teachers were selected for this article. The Explanatory Legitimacy Theory Model by DePoy and Gilson (2004, 2010) served as a pool of ideas for analysis. The four main areas of, 1) effective power of symbols or iconic figures, 2) performativity of attributions of disability, 3) dimension of time for concepts addressed, and 4) perpetuation of the medicine model can be reconstructed. The analysis indicates that the medicine model remains the dominant reference when teachers in higher education speak about disability. In conclusion, conditions that impede the proper implementation of the UN-CRPD in higher education must be identified so that higher education institutions can be further developed as multicultural organisations (Schein, 1984).

Keywords
disability; Explanatory Legitimacy Theory; Grounded Theory; higher education; medicine model; qualitative research

Issue
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1. Introduction

With the adoption of the UN Convention on the Rights of Persons with Disabilities (UN-CRPD) and its ratification by the German parliament (Bundesministerium für Arbeit und Soziales [BMAS], 2011), the German state committed itself to establishing an inclusive education system. So far, most of the research and political efforts in social practice in the German educational system have been focused on the primary, secondary or pre-school system (Tippelt & Schmidt-Hertha, 2013). However, given that higher education is also part of the education system (Knauf, 2015), there is a wider field of research desiderates concerning disability in higher education in general (Knauf, 2013; Tippelt & Schmidt-Hertha, 2013) and students with disabilities specifically.

The EU project "European Action on Disability within Higher Education" (EADHE) was established by seven universities—Aarhus (Denmark), Bologna (Italy), Coimbra (Portugal), Crakow (Poland), Ghent (Belgium), Gothenburg (Sweden) and Leipzig (Germany)[1]—to close this gap in knowledge about the situation of students with disabilities and about studying with disabilities in higher education in Europe (Aust, Cao, Drinck, & Chattat,

[1] For a project overview visit www.eadhe.eu

2014). The main focus was on extracting and processing data on the disabling effects higher education structures have on students with disabilities or on studying with disabilities and to then identify best practices of dealing with the needs of students with disabilities. One product of this project is a database of needs of students with disabilities and the requirements for studying with impairments, as well as best practices that could be used to support these students. To complete project tasks and to establish a database[2] of best practices, the project partners collected data by: 1) interviewing employees of universities, and 2) surveying, with an online questionnaire, students who identified themselves as disabled. The interviews with employees where selected on the grounds of their experience with students with impairments or with studying with impairments (Aust et al., 2014, p. 39).

During the process of analysing the interviews conducted at Leipzig University, it became evident that there is no one consistent definition used by employees speaking about disability or students with disabilities. Rather, the interviewees used a lot of different words and concepts to speak about disability (Aust, Trommler, & Drinck, 2015, pp. 8–9). As differences in social meaning and construction of reality were not at the focus of the EADHE project at the outset, such a detailed analysis had not been conducted before. But in order to identify appropriate measures for inclusion, to raise awareness for students and for studying with disabilities and to develop higher education institutions as multicultural organisations (Krell, 2008; Schein, 1984), it is essential to reconstruct the subjective patterns of interpretation and categorisation, the beliefs and conceptual approaches of institutional actors in higher education (von Karsdorff, 2013, pp. 615–618). Only if these aspects are taken into account, social practices in higher education such as teaching, guidance and research can be improved (Schein, 1984, p. 14) and effective measures initiated (Krell, 2008, pp. 14; Bohnsack, 2008, pp. 188ff.).

This article aims to provide an outline of reconstructive approaches to find out about disability concepts employees in higher education have.[3] Given that disability can be defined as a socially constructed phenomenon (Tremain, 2005), the concept of the "Explanatory-Legitimacy-Theory" (ELT) by DePoy and Gilson (2004, 2010) will be used to analyse interviews from the EADHE project in an explorative way. Starting with a short description of the theoretical framework and current research in Germany within higher education and disability, the theoretical perspectives of ELT and its methodological approaches will be defined in a second step. This will be followed by a description of the data sample and data research strategies as well as the analysing processes. Finally, I will highlight first impressions from the analysed material and then, with regard to the research question, discuss the results within the reconstructed concepts of disabilities.[4]

2. General Framework

2.1. Conceptualising Disability—A Short Description

The social and scientific perspectives on disability have changed over the last 20 years (Waldschmidt, 2012, pp. 731–732). Various national and international contributions to the question of "what is disability?" have been discussed in recent years (Albrecht, Seelman, & Bury, 2001; Cloerkes, 2007; Davis, 2006; Dederich, 2007; Degener, 2003; DePoy & Gilson, 2010; Goodley, 2011; Hermes & Rohrmann, 2006; Kastl, 2010; Mitchell, 2009; Priestley, 2010; Swain & French, 2000; Tremain, 2005; Waldschmidt, 2005; Waldschmidt & Schneider, 2007). The focus is no longer just on a person's impairment(s) or disability, as in the medicine model proposed. The social (cultural) model (of disability) considers it inappropriate to attribute disability to a person on the basis of health condition categories alone (Goodley, 2011, pp. 11–12; Swain & French, 2000, p. 570). Such concepts do not address the social human being as a whole. It defines a person exclusively by their disadvantages, deficiencies, problems and impairments. The medicine model distinguishes between the disabled and the non-disabled, a perspective that is not helpful either. Swain and French (2000, pp. 570–571) argue that, by choosing two contrasting, interdependent categories such as disabled and non-disabled, virtually nothing is said about the individual, and that such categorisations are therefore insufficient. Like the "iconic turn" was a shift towards an interdisciplinary perspective on language and communication (Maar, 2007, pp. 11–12), the social (or sociocultural) model is a shift from perspectives of the medicine or clinical model, which was primarily used to address and describe disability on the basis of individual impairments (Berger, 2013, p. 26; Goodley, 2011, p. 11), to addressing disability in society towards a model that describes disability and impairment as a socially constructed category and phenomenon. With that said, disability remains a socially constructed phenomenon, a category defined by power and knowledge (Tremain, 2005, pp. 1–2). The shift in language is about persons "having an impairment", understood as a person-first terminology which aims to characterise a person as more than his or her disabilities (Jaeger & Bowman, 2005, p. 4).

[2] For the database see www.eadhe.eu/index.php/toolbox

[3] The use of the ELT model and first impressions from analysis were first presented at the II International Congress of University and Disability (CIUD) in Madrid, between 24th and 27th November 2014, under the title "Subjective Theories and Constructions of Disability in Higher Education. First Impressions of a Study on Lecturers from the University of Leipzig about Descriptions, Explanations and Legitimacies" together with Friederike Trommler and Barbara Drinck. For the conference paper see Aust et al. (2015).

[4] Aspects of this article are part of my PhD thesis *The Administration of Disability in Higher Education. A Comparative Discourse Analysis amongst Five European Universities* (Working Title), supervised by Prof. Justin Powell at the University of Luxemburg and Prof. Vera Moser at Humboldt University of Berlin.

This new perspective "disassociates impairment from disability" (Swain & French, 2000, p. 571).[5] Through this lens, showing that it is no longer the person who is disabled or has a disability, the focal point of addressing disability is now society, the social, economic, political processes and geographic conditions that disable people so that they are impaired (Berger, 2013, pp. 27–28; DePoy & Gilson, 2004, p. 53). This has replaced the deficiency perspective of human beings (medicine model) with a perspective of their capabilities. In the scientific community of disability studies, a lot of differentiations of various impairments have been addressed (Swain & French, 2000, p. 571), focused on extending the social model. It could be argued that this process moves back to individual perspectives and to attributing the impairment/disability to the persons concerned. This article focuses on the social perspective of disabilities. Addressing individual attributes as a communicative act is different.

2.2. The Situation in Germany: Higher Education and Disability

In the United Nations (UN) report about the implementation of the UN-CRPD for Germany (UN, 2015), the Committee on the Rights of Persons with Disabilities expresses concern over a negative overall situation concerning inclusive societal development, especially in the education system. The Committee recommends that Germany "[i]mmediately develop[s] a strategy, action plan, timeline and targets to provide access to a high-quality, inclusive education system across all Länder [i.e., federal states], including the required financial resources and personnel at all levels" (UN, 2015, p. 8).

Even though the legal framework for an inclusive higher education system in Germany has been improved in recent years, the fact remains that research and practical approaches towards a more inclusive higher education system are lagging behind the transformational and developmental processes in legislation. Although research about disability in higher education in Germany is only in its beginnings (Döbert & Weishaupt, 2013; Knauf, 2014; Tippelt & Schmidt-Hertha, 2013), a considerable number of studies about the group of students concerned in general (Deutsches Studentenwerk [DSW], 2011[6]; Ebersold, Schmitt, & Priestley, 2011; Middendorff, Apolinarski, Poskowsky, Kandulla, & Netz, 2012; Powell, Edelstein, & Blanck, 2015; Powell & Solga, 2011)[7], or sub-groups of disability (Lenz, Otto, & Pelz, 2013; Schramek, 2012; Smith, 2010; Stange, 2014; Zaussinger, Laimer, Wejwar, & Unger, 2012), and teachers and questions about their professionalisation (Bender, Schmidbaur, & Wolde, 2013; Busch, 2014; Dannenbeck, Dorrance, Moldenhauer, Oehme, & Platte, 2016; Klein, 2016; Klein & Heitzmann, 2012; Knauf, 2014; Schuppener, Bernhardt, Hauser, & Poppe, 2014) have been published in recent years. Also, political actors and (research) networks in Germany (Autorengruppe Bildungsberichterstattung, 2014, S119–S138; Hochschulrektorenkonferenz [HRK], 2009, 2013) or Europe (Crosier & Parveva, 2013; Hartl, Thaler, & Unger, 2014; Organisation for Economic Co-Operation and Development [OECD], 2003; Quinn, 2013; Riddell, 2012) have disseminated reports in recent years.

However, a widespread approach towards reconstructive perspectives is missing in this scientific field in Germany.[8] If disability is social constructed research has to focus on research designs and data that documents these social processes. Qualitative research designs with various instruments and analysis strategies is able to reconstruct social processes, like the construction of disability. As a common instrument of qualitative research (Deppermann, 2013) interviews can provide such opportunity, because interviews "purpose is to gather descriptions of the life-world of the interviewee" (Opdenakker, 2006) and it documents the interaction process between two or more persons about a specific topic or time courses.

2.3. Purpose of the Study

Project-based data analyses at Leipzig University revealed that, 1) a large variety of narrations of impairments could be described, and 2) several, individual, subjective concepts and constructions were linked with these narrations (Aust et al., 2014). This comes as no surprise, knowing that in order to communicate and understand concepts, individual interpretations and theoretical adoptions are required (Bohnsack, 2008, pp. 57–59; Brüsenmeister, 2008, pp. 39–45; Marotzki, 2013, pp. 178–181). But to understand the habitualised perspectives on disability held by a group of subjects that could be defined as major actors in higher educa-

[5] Tremain (2005) criticizes the social model: while the social model distinguishes between disability and impairment, it remains a chimera and "renders the impaired body the exclusive jurisdiction and medical interpretation" (Tremain, 2006, p. 187) and thus withhold "body" towards medical regulations and juridification, for example, intersex people "do not seem to count as "disabled" (Tremain, 2005, p. 10).

[6] It was the first time that empirical data for a large group of students, and for all of Germany, were made available (DSW, 2011). This provided a first insight into examples of the students' socio-economic situation, their access to social life and higher education, the accessibility of buildings and the variety of disabilities addressed. A second similar study has been conducted in 2016–2017. The results will be presented in October 2018 (for more information, visit the German National Association for Student Affairs' website, www.studentenwerke.de/de/content/ibs-fachtagung).

[7] Several other quantitative studies conducted in Germany might provide information about the areas of higher education, of disability or impairment and inclusion, like the SOEP-Panel (www.diw.de/en/soep), the Federal Government Participation Report about Persons with Disabilities (BMAS, 2013) or several previous studies about the socio-economic situation of German students (the last one is from 2012, cf. Middendorff et al., 2012). All of these studies present results about people with impairments or a group of stakeholders in higher education, but not specifically within the field of studying with impairments in higher education.

[8] Grounded in Bourdieu's habitus concept, Schmitt (2010) discussed conflicts students experienced while studying. Other authors examine transmission into higher education by using biographic, narrative research designs (Bargel, 2006; Bülow-Schramm, 2009; Heine, 2010).

tion (Deutscher Hochschulverband [DHV], 2015; Knauf, 2016), it is necessary to further analyse these narrations in a specified, qualitative way. This is consistent with the previously stated perspective that, in order to enhance the awareness and sensitivity of academic staff and to improve inclusion in higher education, it is necessary to identify and reconstruct the personal concepts of these actors (Bohnsack, 2008, p. 191f; Marotzki, 2013, pp. 181–185).

This article is using the perspective of the Explanatory Legitimacy Theory (ELT; DePoy & Gilson, 2004, 2010) to identify disability in interview data from the EADHE project to provide an idea of how the desiderate in the German scientific field of higher education and disability studies can be filled. On the grounds that disability can be described as a constructed sociocultural phenomenon (Tremain, 2005), the ELT framework is used to analyse interviews with teachers from Leipzig University. In an adaptation of the theoretical sampling from Grounded Theory (Glaser & Strauss, 2010), interviews were selected to identify procedures that configure teachers' language about students and studying with disability in higher education. The ELT model offered a pool of ideas (Glaser & Strauss, 2010) for analysis.

On the basis of these assumptions, I used the following main research question to analyse the interview sample from Leipzig University: which explanations and legitimisations can be reconstructed from the subjective approaches of teachers and researchers at Leipzig University for the concepts of disabilities? The importance of knowledge about teachers understanding of disability is, that those reconstructions and empirical evidences can provide an idea whom and how universities can start actions towards a more inclusive higher education. The identification of such attitudinal and social structure barriers would help to develop training programs for the professionalisation of university teachers (Powell & Solga, 2011, pp. 157–158, 176–178).

3. The ELT as a Methodological Approach

The ELT views disability as one of the many phenomena of human diversity, comprising three mutually influential elements: description, explanation and legitimacy. ELT attributes the categorisation of human appearance and behaviour to established value systems that are context-dependent (Aust et al., 2015, pp. 5–6; DePoy & Gilson, 2004, p. 53).

DePoy and Gilson (2010, p. 3) refer to ELT as the "language" to analyse disability with. To apply these theoretical assumptions in research practice they distinguish three main areas: description, explanation and legitimacy. These elements of description and explanation are an expression of human diversity and as such, they do not suffice to legitimise disability yet. Only if certain context-dependent value systems are applied, will the limits of diversity be determined and everything else be defined as disability. Categorisation is carried out on the basis of value systems applied to descriptions and explanations (DePoy & Gilson, 2010, pp. 86–87).

DePoy and Gilson distinguish between descriptions based on "observables" and those based on "reportables". Descriptions of "observables" refer to people's outward appearance, i.e., how they are perceived by others, and to their behaviour with respect to what they do (activities) and how they do it (way of behaving). Individual experiences, on the other hand, are not directly observable by others but can be expressed by those who underwent them. They are "reportables".

Descriptions of attributes of disability correlate the typical with the atypical and contrast them to each other. The way these distinctions are made depends on various factors (DePoy & Gilson, 2004, p. 59). There are different explanations that reproduce and substantiate the distinction of the typical from the atypical (DePoy & Gilson, 2004, p. 70).

DePoy and Gilson (2004, p. 70) recommend considering description and explanation as independent, yet mutually influential, elements. According to authors, retrospective theories (such as Sigmund Freud's or Jean Piaget's) and behaviouristic approaches have shaped what is considered typical or atypical today. There are also explanations which do not only consider features/attributes primarily linked to impairments but also contextual factors such as race, ethnicity and gender so that the atypical can be distinguished from cultural non-affiliation (DePoy & Gilson, 2004, pp. 60f). In conclusion, DePoy and Gilson distinguish two sets of explanations—medical-diagnostic explanations and constructed explanations (DePoy & Gilson, 2004, pp. 70–75). The latter further differentiate explanations within a social, political or cultural line of argumentation. Medical-diagnostic explanations specify typical and atypical phenomena and explain their occurrence in a biomedical way. Medical approaches focus solely on medical findings whereas rehabilitative approaches also take into account any barriers that might result from these findings or conditions (DePoy & Gilson, 2004, pp. 70–73). Constructed explanations do not consider disability a physiological phenomenon. Constructed explanation approaches reject the categories of normal or abnormal and instead perceive humans as individually different. Thus, perceptions and definitions of what is typical or atypical are connected to context-dependent interactions of individuals with their environment (and vice versa; DePoy & Gilson, 2004, pp. 75f.).

Within this model, I seek to identify processes of conceptualisation of disability within the sampled interviews. In its methodological descriptions, the ELT model proves to be capable of reconstructing, in social interactions, the processes that bring about disabilities. The three key areas of description, explanation and legitimacy provide a standardised but flexible and dynamic toolbox facilitating the identification of the concepts communicated or addressed. The ELT model by DePoy & Gilson (2004, 2010) served as a pool of ideas to anal-

yse the interviews (Herfter, 2014, p. 142; Strauss & Corbin, 1996).

4. Interview Sample and Research Process

To collect the project data for the EADHE project, an interview guideline modelled on the Problem-Centred Interview (PCI; Witzel, 2000) was developed. Following the two guiding principles of a PCI, the narrative and the dialogical approach, allowed us to gather data about a) the field of inclusion, disabilities and impairments in higher education and b) an individual perspective (Hopf, 2013, p. 350) on every-day life social practices and experiences of academic staff members. As a qualitative research instrument, the interview allowed for the collection, extraction and reconstruction of information about daily routines, practices and experiences in the context of studying with disability, along with personal attitudes and behaviours of students with disability (Hopf, 2013, pp. 350f.).

4.1. The Interview Sample

At Leipzig University, 36 interviews with employees were conducted (Aust et al., 2014). Within the EADHE research design, three types of employees were defined: teacher, administration and student support services. The sample was selected through an email invitation, sent to all employee email addresses by the Leipzig University central computing centre. The invitation email included a general description of the EADHE project, its aims and objectives and an invitation to an individual, face-to-face interview. Contact information was provided, and a document summarising all relevant information was attached. The whole interview sample from the EADHE project indicated that there are more than the assumed three types. For example, there might be a "mix" of two or three types in one, there are differences within teacher types (professor, researcher with different amount of teaching percentage) and also types, where the status of being an employee is combined with that of a student.

For the purpose of this article, I focussed on interviews with the "teacher" type (sample size: 16 interviews). The hypothesis was that there are different terms of speaking about disability,[9] related to their work tasks (teaching), their position within the university hierarchy and their assumed practical experience and level of knowledge in working with students with disabilities. Also, the importance of teachers for (higher) educational success is addressed in the centre as one of the core criteria for an inclusive university (Plate, 2016; Powell & Pfahl, 2018). This methodologic decision facilitated a short but concrete analysis and discussion of the interpreted results.

The interviews were chosen through an adapted theoretical sampling process (Glaeser & Strauss, 2010, pp. 148f; Schroeter, 2014, pp. 113f.). The sampling strategy consisted of two main categories: 1) the status of the interviewee inside the university (professor versus teacher) and 2) years of teaching experience. Both variables were collected in the pre-inquiry questionnaire, which is part of the PCI (Witzel, 2000). Both categories relate to each other, but also have their own premises. Thus, the status professor is not only linked to a longer teaching experience, but also to a possibly different kind of speaking due to the higher status within the university. This methodological approach allowed for 1) the use of data material which had been collected in a different setting and context and offers different kind of "speaking about disability", and 2) to establish and stabilise a kind of explorative view on the material, to maintain sensitivity and to keep track of the interviewees' narrations (Schroeder, 2014, p. 114).

Using qualitative interviews to identify and reconstruct subjective theories and concepts about disability in higher education made it possible to analyse and understand the issues of studying with disabilities in higher education in a more detailed way. To gain an understanding of the interviewees' perspectives, they were asked one question as a narrative prompt: "what is your definition, your personal understanding, of impairment?" This question served as the narrative-activating question, enabling the interviewee to start talking about disability in general as well as their own personal views. This question had an activating momentum for their own concepts and beliefs, but not specifically in their field of work or higher education alone. It was meant to help the interviewee to get into a rhythm of speaking, to adapt to the situation and feel safe and comfortable in the interview situation (Witzel, 2000). For our research, I analysed the narrative sequence following this first prompt.

4.2. Analysing the Interviews

By adopting the ELT framework of descriptions, explanations and legitimacy, I used a sequential analysis to identify different categories of statements about students and/or studying with disability in the interviews. In a first step, all such statements were collected in a coding chart. In a second step, these statements were differentiated into descriptions, explanations and processes of legitimisation according to the ELT framework.

5. Results

With the three following quotes from interviews, serving as exemplary quotes for all teacher interviews, the methodological approach of the ELT model will be

[9] Within my PhD thesis, this hypothesis about different types of statements, related to these proposed three different types of employees in the discourse on disabled students, is part of the analytical work. The question is if there are different statements/manifestations and, if so, whether they are related to: 1) different hierarchical positions at university level, 2) locality, and/or 3) cultural and/or national frameworks (such as legal rights, welfare state, etc.). For this article, I will focus on one type only.

demonstrated. In the next step, four main areas reconstructed from interviews are described, followed by a summary of the results. This second step is a conclusion of the analytical process and does not focus on each individual interview.

5.1. Descriptions, Explanations and Legitimacy of Disability in Higher Education

> This isn't just about physical impairments, like deafness or blindness or whatever, old school etc. but also, well, about psychological disorders, social anxiety and so on. (EPwp2_20; 24–26)[10]

> But for me, limitations are what you would generally call disabilities, even though there are others, too, right? the way I see it, everybody is somehow impaired, add to that the mental ones that often come to my attention, me being their course advisor. (EPwp2_05; 65–69)

> That, to me, is the spectrum at a school. when you talk about it at a university or in an academic context, it's more about any kind of physical disability that is visible or…maybe disabilities like neuroses or let's say other psychological conditions that don't impact you mentally in the sense of intellectually but rather in the sense of stress or something like that. (EPwp2_16; 24–30)

Descriptions of disability are performed by using physical and psychological criteria. Those get specified by establishing subcategories like deafness and blindness, "mental ones" or neuroses. Teachers do so by referring to both reportable and observable descriptions of disability. The first type describes visible (observable), physical impairments, for example sensory impairments labelled as "old school" (EPwp2_20, 25), i.e., classic or familiar. The second type, comprising mental impairments and psychological disorders, is invisible at body level, but reportable by the students concerned or can be assumed from their behaviour and may get "my attention, me being their course advisor" (EPwp2_05, 68–69). This means that disability can either be visible on the body level or in the way people appear, i.e. be subject-related, or, they can be invisible and of a cognitive or psychological quality. The latter can only be reported by the person concerned (student) or assumed by others, in this case, the teacher. Also, a generality of impairment in all people[11] is used to include psychological aspects in descriptions of disability (EPwp2_05, 66–67). The field of descriptions of disability differs between several relations of opposite meanings: visible-invisible, classic-new, personal-property of others.

The explanations for using these categories are: 1) naturalistic explanations, 2) observed differences, and 3) generalisations or equating disability for all. It appears as a natural logic that there are different types because it "isn't just about" one type of disability. The invisible types of disability are observable and stating so is related to the experience and the attention and awareness of teachers. Differences between educational levels of school and higher education are used as well to explain the differences in speaking about disability. The argument of physical impairment is described as an "old school" category different from other fields of impairment/disability, as a non-physical. The explanation here is a stated difference of physical vs. non-physical, something that is natural and something that is a developed one. In conclusion, these explanations, together with described differences, are combined to legitimise disability.

Through the performed descriptions and explanations, the legitimatization for labelling somebody as disabled is executed. And these authorisations, as a legitimacy, are explained by individual experiences and understanding of the teachers.

5.2. First Notes on Discourse Areas: Symbols, Performativity and the Medicine Model

Four major areas of speaking about disabilities addressed in the context of higher education can be described (Aust et al., 2015, p. 9): 1) effective power of symbols or iconic figures, 2) performativity of attributions of disability, 3) dimension of time for concepts addressed, and 4) perpetuation of the medicine model.

To figurate disability, the interviewees refer to established symbols or icons (1). These references mean they produce separations most often between physically visible and/or long-term limitations on the one hand, and psychological phenomena on the other. Most of the time, these psychological phenomena are seen as impairments, not disability, and framed as a temporary issue, a solvable challenge for the individual. Also, impairment is separated from disability. By referring to iconic figures and symbols, the interviewees try to establish common ground with the interviewer when speaking about disability. Referring to figures which are well-established and consolidated by and in society it seems easier to speak about disability, to hide personal opinions behind these figures, and to speak less about own behaviours beside established norms and figures. Those tensions interviewed persons experience while navigating between an established, "common" ground of disability, their own perspectives and the sensitivity to talk about disability could be seen in figurations with symbols and their neces-

[10] The codes refer to the numbering for the anonymization of the transcript and to the line numbering.

[11] The performance of depicting all as being (more or less) disabled, the notion that we are all equal and, thus, are all impaired in one way or another, seems to contradict the legitimisations of disability. Within my dissertation analysis comparing interviews from five different European universities, I labelled this as the "discourse for all" where disabled and non-disabled persons are equalised. The discursive strategy is to de-specialize one group (disabled students) and equate them to the others in order to get support or extra help (non-disabled students) for example. More on this discourse strategy will be described in my dissertation.

sity of establishing their own manner of speaking, their own language to talk about disability. But by (re)using those figures, their power and their hegemonic status is continued or re-established and consolidated, becoming (more) powerful. Which leads to the performative aspect (2).

By (re)using those established figures, their normativity aspect becomes relevant. Due to this normativity, the individual perspective on students disappears while a kind of general template to speak about those "to be disabled" addressed students is (re-)established. This means that those generalisations provide a way of seeing and speaking about students that "fulfil" these figures and symbols. But at the same time, other students that "lack" these normative symbols are left out. This means an exclusive area of speaking and thinking about how they see those students is established. Even if the statements in the interviews describe this in interpersonal relationship "templates", a normative agenda gets established. By doing so, and interdependent process can be reconstructed: the power of medical perspectives remains and shows in those outspoken beliefs about students with disabilities and, vice versa, performs and prefigurates the way of speaking about them.

Another interesting aspect, time (3), is established through the interviewees' line of argument. Depending on the duration of certain limitations, they are categorised as disability if they are long-term limitations, or as impairments, which are framed as temporary or transient. Two major issues emerge from this area of speaking: First, the link between time and disability/impairment refers to administration and its categorisations and instruments to certify disability. This means such processes of speaking reconstruct the administrative aspect of disability, the need to administrate disability, whether in higher education or in other areas of education or politics. Secondly, it refers to the role of science—its involvement in producing and consolidating disability. While the "concept" of impairment is introduced through the interviewer, the interviewees try to take up this information, using this concept or integrating it into their way of speaking about disability. This means they try to fulfil the requirements of a different language used in science while using the time category to solve this challenge. So, by forcing the interviewees to "use" this "concept" of impairment and position themselves towards it, the involvement of science in consolidating and re-establishing the medicine model becomes visible.

Of all four areas, the perpetuation of the medicine model (4) seems most salient. It appears impossible for any of the participants to think "outside the box". By using established symbols and icons, through the performative effect of these figures, and by trying to use "other" words and concepts and link them to a time concept, the medicine model is or gets established, consolidated and reified.

6. Conclusions

The utilization of the ELT model (DePoy & Gilson, 2004, 2010) seems an appropriate way to identify and reconstruct strategies to perform disability. As shown in the short description and explanation with three interview statements, the concept makes it possible to reconstruct observed and reported descriptions that are used to explain processes to legitimize disability. The interviewees refer to medical or constructed explanations. These medical references specifically consolidate and reify the medicine model of disability.

As a first conclusion, it can be stated that these four main areas have in common that they refer to a low visibility or narrative embeddedness of the social (or sociocultural) model within (narrated) social practices in higher education. The medicine model seems to be the perpetual, consolidating and reifying narrative framework shaping the interviewees' beliefs. There are variations and shifts of reconstructable concepts of disability in the narrative processes of description, explanation and, finally, (addressed) legitimatisations. But, first, all concepts refer to the subject as being responsible for being addressed for—and being the addresser of—disability, none of the concepts addresses any kind of functional system within higher education or the educational system or society in general and, finally, most of the narrations do not refer to the person speaking as a subject of interaction in the fields of higher education and studying/students with disabilities. All relevant items addressed, variables or examples put students with impairments at the centre.

With all these descriptions and reconstructions of the social negotiation for disability it becomes clear that the majority of employees describe disability with medical and psychological characteristics and problems and thus support arguments that disability is individual, naturally adherent. It seems that the changes around the term disability, which have been pointed out, found only a marginal space in university speaking.

But an analysis of the whole sample of interviews is needed in order to verify or further develop the four major areas identified in our study and to develop a theoretical map of the disability concepts of higher education teachers. It would be important to compare these analyses and interpretations with the other EADHE project partners and their interview data and to identify similarities and differences. It also seems necessary to interview employees of universities that identify themselves as "persons without any experience in supporting students with impairments" and, more importantly, students with or without impairments about "your definition, your personal understanding, of impairments". And last but not least, the involvement and entanglements of science and scientists need to be put under scrutiny. Their way of preparing the "space for speaking about disability" is important to think about. The question is "why" and "how" teachers are speaking in the way they speak.

A first idea is that they are reusing governance frameworks of administration, management and evaluation in higher education.

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Conflict of Interests

The author declares no conflict of interests.

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